2009 Influenza A(H1N1) monovalent vaccine
Vaccine Provider Agreement

Your participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort is greatly appreciated as a vital service that will protect individuals and the public against 2009 H1N1 influenza. The 2009 Influenza A(H1N1) monovalent vaccine has been purchased by the federal government as a means of protecting the public against 2009 H1N1 influenza. It is being made available to immunization providers working in partnership with state and local public health departments to vaccinate individuals for whom the vaccine is recommended. This Provider Agreement specifies the conditions of participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort in the U.S. and must be signed and submitted to the immunization program prior to receipt of the vaccine.

The immunization provider agrees to:

1. Administer the 2009 Influenza A(H1N1) monovalent vaccine according to the recommendations of CDC's Advisory Committee on Immunization Practices as adopted by the Centers for Disease Control and Prevention.

2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements.

3. Provide a current Vaccine Information Statement to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines.

4. Record in the patient's medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and the name of the immunization provider for each individual vaccinated. The record must be kept for a minimum of three years following vaccination.

5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, http://vaers.hhs.gov/contact.htm).

In addition, the provider:

6. Can not charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling H1N1 vaccine, syringes or needles.

7. May charge a fee for the *administration* of the vaccine to the patient, their health insurance plan, or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee.

8. May either administer the 2009 Influenza A (H1N1) monovalent vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.

9. Must report the number of doses of 2009 Influenza A (H1N1) monovalent vaccine administered to individuals as requested by the state or local public health department.

10. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste.

11. Are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed, and to serve as a reminder of the need for a second dose of vaccine (if necessary). Immunization cards will be included in each shipment of vaccine.

12. The provider will use the H1N1 tracking module, "H1N1 Vaccine System" to account for vaccines administered to individuals.
    As additional information, to monitor H1N1 vaccine inventory and doses administered in New Jersey, NJDHSS, the public health authority, will be utilizing an H1N1 tracking module, "H1N1 Vaccine System," that resides in and uses the format of the New Jersey Immunization Information System (NJIIS), the state's immunization registry. Data entered into the H1N1 Vaccine System will not be seen in the main NJIIS, with the exception of data on patients who are currently in NJIIS, who are subject to NJIIS administrative rules.
    The NJDHSS is a public health authority and is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.
    Data on persons administered the H1N1 vaccine will be available on a limited basis only to H1N1 vaccine providers (including participating local health departments and NJDHSS). In the event that two vaccine doses might be required for certain populations, persons may choose to go to a different H1N1 vaccine provider for the second dose; second-dose providers will then be able to access H1N1 Vaccine System data on the first administered dose and append second dose data on the existing patient record.
    NJDHSS will be submitting only de-identified data from the H1N1 Vaccine System to CDC on a weekly basis, per CDC doses-administered reporting requirements. These aggregate data will include the number of doses administered by age group and by date.
    The provider will agree to comply with the respective scope of their practice rules (e.g., Board of Medical Examiners rules, Board of Pharmacy rules) including records retention

Receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement.

By submitting this form I accept the above Vaccine Provider Agreement

(Submit button will appear here)

Agreed to on behalf of the above-named providers and facility(ies):

(signed or electronic submission)_____

(printed)_____ _____

Medical Director Date